

CACFP Enrollment Form (sample #1)

Please complete and/or update and sign this form and return it to _____ no later than _____.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note:** The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.

Child's Name:	_____	Sex: M F	Date of Birth: ____ / ____ / ____	Foster Child? ____ Y ____ N
	First Middle Last	(circle)		
Hours normally in care:	_____ to _____	Circle days of week normally in care:	M T W T F S S	Holidays
Circle meals normally eaten in care:	Breakfast	AM Snack	Lunch	PM Snack Supper Eve Snack
Date Enrolled:	_____	Date Terminated:	_____	
Select One or More:	Ethnicity: ____ Hispanic or Latino	____ Not Hispanic or Latino		
	Race: ____ American Indian / Alaskan Native	____ Asian	____ White	
	____ Native Hawaiian / Pacific Islander	____ Black or African American		

Child's Name:	_____	Sex: M F	Date of Birth: ____ / ____ / ____	Foster Child? ____ Y ____ N
	First Middle Last	(circle)		
<input type="checkbox"/>	Remainder of the information is the same as above (or list child's name): _____			
Hours normally in care:	_____ to _____	Circle days of week normally in care:	M T W T F S S	Holidays
Circle meals normally eaten in care:	Breakfast	AM Snack	Lunch	PM Snack Supper Eve Snack
Date Enrolled:	_____	Date Terminated:	_____	
Select One or More:	Ethnicity: ____ Hispanic or Latino	____ Not Hispanic or Latino		
	Race: ____ American Indian / Alaskan Native	____ Asian	____ White	
	____ Native Hawaiian / Pacific Islander	____ Black or African American		

Parent Signature: _____ **Date:** _____

Annual Updates (to be completed on an annual basis after initial enrollment):

1st Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): ☐ found it to be accurate at the present time
☐ made changes as needed

Parent Signature: _____ Date: _____

2nd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): ☐ found it to be accurate at the present time
☐ made changes as needed

Parent Signature: _____ Date: _____

3rd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): ☐ found it to be accurate at the present time
☐ made changes as needed

Parent Signature: _____ Date: _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Office use Only: Enrollment Date: _____ Update Date: _____ Dismissal Date: _____

CACFP Enrollment Form (sample #2)

Please complete and/or update and sign this form and return it to _____ no later than _____.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note:** The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.

(Select one or more)

(Please circle all that apply)

Full Name(s) of Enrolled Child(ren)	* Race/ Ethnicity	Date of Birth	Normal Hours In Care	Normal Days of Care	Meals Normally Eaten While at the Facility **
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev
			_____ to _____	M T W T F S S	B AM L PM Su Ev

* **Race:** Hispanic or Latino **Ethnicity:** American Indian or Alaskan Native / Asian / Black or African American / Native Hawaiian or other Pacific Islander / White

** B = Breakfast AM = AM Snack L = Lunch PM = PM Snack Su = Supper Ev = Evening Snack

List any holidays that may require care: _____

Special needs or instructions (i.e. allergies): _____

Parent/Guardian's Name: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mother's Employer: _____ Phone Number: _____

Father's Employer: _____ Phone Number: _____

Family Doctor: _____ In Emergency Call: _____

Parent Signature: _____ **Date:** _____

Annual Updates (to be completed on an annual basis after initial enrollment):

1st Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): ☐ found it to be accurate at the present time
☐ made changes as needed

Parent Signature: _____ Date: _____

2nd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): ☐ found it to be accurate at the present time
☐ made changes as needed

Parent Signature: _____ Date: _____

3rd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): ☐ found it to be accurate at the present time
☐ made changes as needed

Parent Signature: _____ Date: _____

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Office use Only: Enrollment Date: _____ Update Date: _____ Dismissal Date: _____